

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

Quarterly Report

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

January to March 2007

Introduction

The purpose of this report is to summarize the contacts made to the Customer Service and Community Rights (CSCR) Team during the third quarter of the 2006/2007 fiscal year which includes the months of January, February and March 2007. The CSCR Team is one of three teams in the Advocacy and Customer Service Section of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). This team facilitates informal resolutions to complaints and grievances by consumers of public services, family members and advocates either directly or in collaboration with LME Customer service Offices and assists individuals and families in accessing public services.

Contacts, or cases, consist of calls, letters and emails received by the CSCR Team. The content of the cases can vary widely but all have some relationship to the public mental health, developmental disability and substance abuse service delivery system in North Carolina.

The following is a summary of and information about the types of contacts received by the CSCR office during this quarter (the issues reported, the resolution time frame and type, and information about the individuals who brought the issues to our attention). The intent is to provide an overview of the cases the CSCR team addressed during the third quarter of the 2006/2007 fiscal year.

This report is consistent in content with the second quarter report. Some comparisons between the quarters are noted. To review the data from the second quarter please refer to the report posted on the DMH/DD/SAS web site, www.ncdhhs.gov/mhddsas.

The Non Medicaid Appeals administrative rule was made effective in October, 2006. The CSCR Team processes these appeals to ensure proper filing. The final report of the fiscal year will include summary statistics regarding these appeals when complete information is available.

This report attempts to provide accessible and useful information for a variety of stakeholders. It is designed to give a snapshot of the quarterly contacts made to the CSCR Team. We welcome any comments and suggestions.¹

¹ Please contact Cindy Koempel at Cindy.Koempel@ncmail.net or Stuart Berde, Team Leader at Stuart.Berde@ncmail.net. We may be reached by phone at (919) 715-3197.

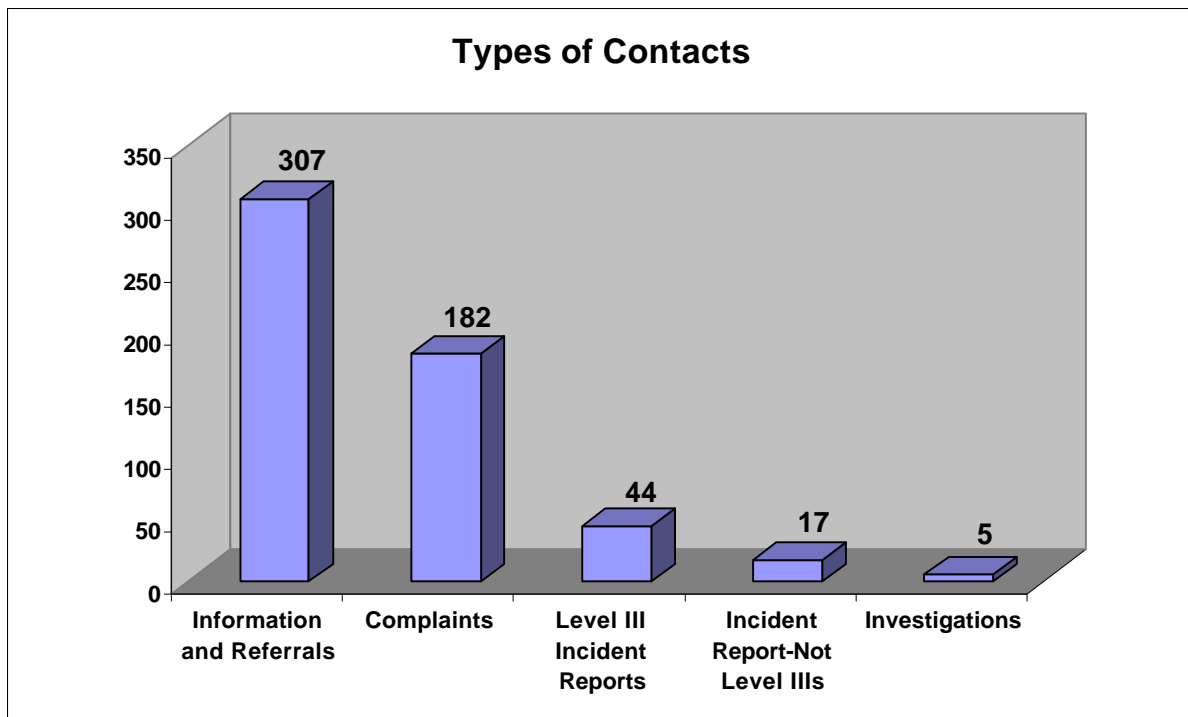
Summary of Significant Conclusions

- The CSCR Team received 555 contacts during the third quarter of the 2006/2007 fiscal year. A majority of the contacts were for information and referral.
- The majority of issues in the contacts were resolved the same day they were received. Overall, resolution time increased in this quarter which reflects the complexity of issues posed.
- A majority of the contacts pertained to four areas; assistance to families (139), technical assistance (113), access to services (122) and provider quality (91).
- Contacts associated with services for adult consumers accounted for 315 of the 555 total contacts during the third quarter.
- CSCR staff resolved 32% of the contacts in this quarter. Thirty-four percent of the contacts were resolved by referral to another state or local agency, 31% were resolved by referral to the LME Customer Service Office and 3% resulted in an investigation or monitoring.
- A majority of the contacts to the CSCR Team apply to the Mental Health disability group with the combined Mental Health/Developmental Disability (dual disability) group a very close second.
- Seventy five percent of the contacts were associated with Medicaid funded services.

Types of Contacts

The CSCR Team received a total of 555 contacts during the third quarter of the 2006/2007 fiscal year. The chart below illustrates how many of each type of contact the CSCR team received. The contacts are categorized by the CSCR Team in the following ways:

- **Information and Referrals** are contacts in which the CSCR Team must provide information and refer the person involved to the best resource to meet the need.
- **Complaints** are any expression of dissatisfaction. The CSCR team often incorporates some form of education or technical assistance in response to complaints.
- **Level III Incident Reports** (10A NCAC 27G.0604) are reviewed by the CSCR Team in a Quality Management capacity. The CSCR Team provides a division level review of the incident.
- **Incident Report – Not Level IIIs** are incident reports that were submitted that did not meet the definition of level III, but did require technical assistance from the CSCR Team or LME.
- **Investigations** are formal inquiries into allegations of violation of law, rule or policy in a community program. Investigations are often completed with other regulatory teams within DHHS and/or the LME provider monitoring and customer service offices.



Resolution/Response Time

The CSCR Team works to resolve contacts as efficiently as possible. Our goal is to facilitate a resolution the same day the contact comes to the team. A contact is considered “resolved” at the point where the CSCR Team has assisted in every way possible within the DMH/DD/SAS system. Often issues are resolved when the CSCR team offers the most appropriate referral and/or information, and gives the case to the appropriate local or state agency for action.

The table below summarizes the CSCR Team’s resolution timeframes in this quarter. The most frequent response time for all contacts is the same day the contact came to the CSCR office. Some contacts are more complex and require more time to resolve.

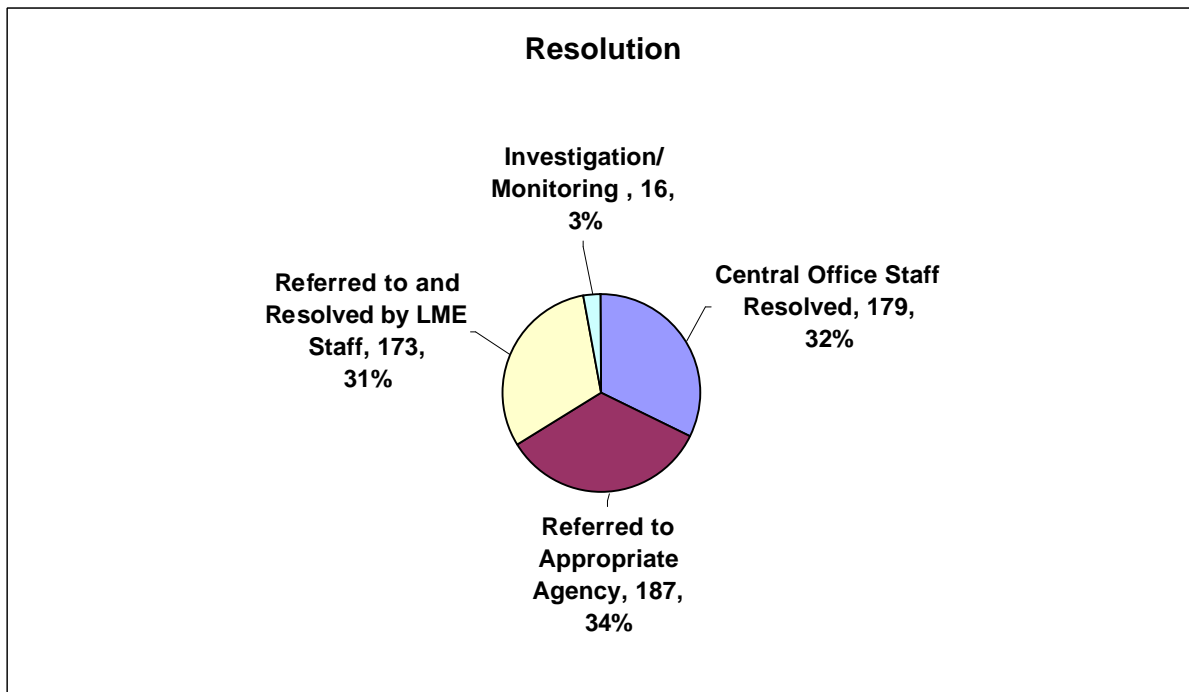
The mean or average response time for all contacts, including investigations, is 5 days with the range between 1 day and about 3 months. Investigations require travel, collaboration with other agencies, collection of evidence and a formal report of findings. The timeframes for investigations are guided by North Carolina administrative rule 10NCAC 27G.0607. As noted in the table below, the maximum time taken to resolve a complaint was approximately 3 months and the maximum time taken to resolve information and referral contact was 48 days.

The data this quarter reveal an increase in resolution time from the previous two quarters. In the first quarter, the mean response time for all contacts was 2 days and in the second quarter the mean response time for all contacts was 3 days. This increase (to 5 days) represents contacts for which resolution took as long as 3 months. Some contacts require consistent effort and collaboration with many resources to resolve. While the CSCR Team strives for efficiency, the quality of the response is what is most important. The data in this quarter represents an increase in contacts that required more time for the best possible resolution.

Resolution/Response Time				
	Mean	Most Frequent	Min	Max
All Contacts	5 Days	Same Day	Same Day	87 Days
Complaints	6 Days	Same Day	Same Day	87 Days
Information and Referral	3 Days	Same Day	Same Day	48 Days

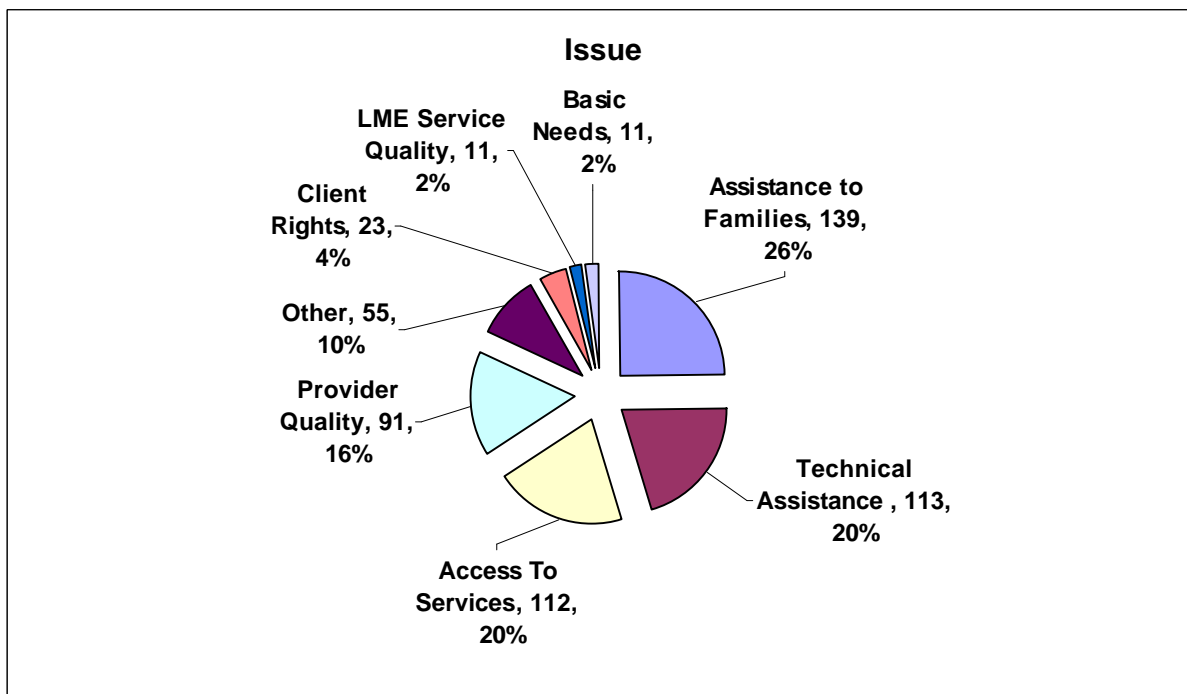
Resolution

The CSCR Team maintains collaborative relationships with many agencies in order to resolve issues. During this quarter, 32% of the contacts were resolved directly by the CSCR Team. We strive to provide customer service to all contacts regardless of whether the issue is related to DMH/DD/SAS. Because the CSCR Team members are familiar with many resources, the CSCR Team members referred the person to the appropriate resource or agency in 34% of the total cases. When a contact requires local assistance and expertise, as in 31% of the contacts, this quarter, the CSCR Team involves the LME customer service office to find a resolution. Certain contacts lead to investigations or monitoring of a provider by the LME or another regulatory agency. During this quarter, 16 contacts required referral for investigations. The chart below illustrates the resolution pattern:



Type of Issue

Contacts are categorized by types of issues by the CSCR Team. Contacts regarding “Assistance to Families” accounted for 26% of the total this quarter. Contacts of this type reflect the needs of families coping with mental illness, substance abuse and developmental disabilities including assistance with accessing services, support, information and avenues to provide input to the DMH/DD/SAS system. The CSCR Team provides technical assistance to LMEs, providers and to people with issues regarding Medicaid. Contacts regarding “Technical Assistance” accounted for 20% of the contacts this quarter with technical assistance to providers accounting for over half of the contacts. The CSCR Team assists providers with answers to questions and acts as a liaison between providers other professionals within both the Department of Health and Human Services and DMH/DD/SAS. Furthermore, the CSCR team gives a voice to concerns from all stakeholders including providers. The issues and trends inform policy makers on a daily basis, including the CSCR Team Leader, the ACS Section Chief, and the various work groups and committees that facilitate mental health transformation.



Local Management Entity (LME) Associated

The table below categorizes the contacts received by LME catchment area. It should be noted that a high number of contacts from a particular LME does not necessarily reflect LME quality or lack of quality. This likely indicates higher population size and consumer knowledge of how to issue a complaint. The chart below illustrates that, generally, LMEs with higher populations have more contacts.

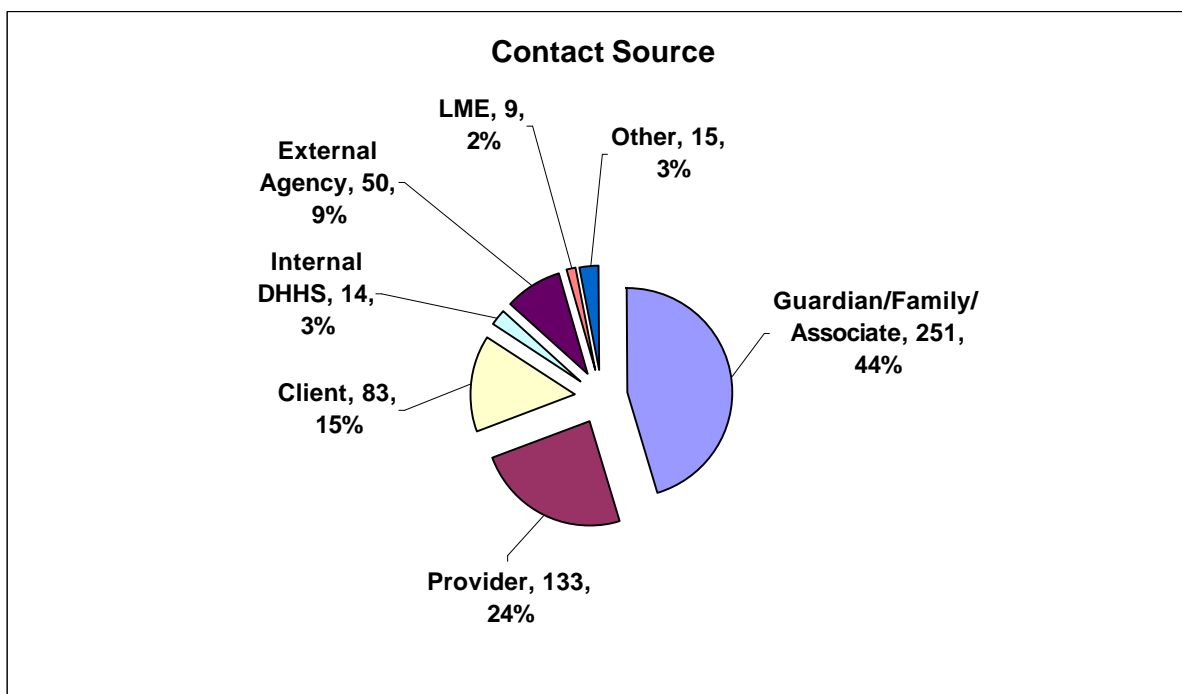
Local Management Entity Associated With Contacts			
LME	Number of Contacts	July 1, 2006 Population	Population Rank
Wake	49	769,244	2
Mecklenburg	36	805,291	1
Western Highlands	34	487,587	5
Piedmont	33	669,213	3
Southeastern Regional	25	254,177	13
Guilford	23	443,753	6
Sandhills	21	516,621	4
Pathways	17	362,078	8
Edgecombe-Nash Wilson-Greene	16	243,910	17
Southeastern Center	15	318,545	9
Smoky Mountain	15	185,588	21
CenterPoint	13	414,181	7
Onslow-Carteret	13	226,540	19
Cumberland	12	315,287	10
New River	11	165,724	22
Foothills	11	248,657	15
Catawba	11	151,232	23
Eastpointe	10	291,647	11
Durham	9	246,184	16
Alamance-Caswell-Rockingham	9	257,135	12
Pitt	9	145,310	25
Neuse	8	115,825	27
Orange-Person-Chatham	8	219,407	20
Johnston	7	150,557	24
Crossroads	7	253,073	14
Five County	7	231,356	18
Roanoke-Chowan	5	76,272	29
Tideland	4	93,894	28
Albermarle	4	133,729	26

Contact Source

Contacts to the CSCR Team may be initiated by anyone. However, North Carolina and federal confidentiality laws and regulations require that follow up communications be redirected to consumers and/or the legal guardian. This is especially true when contacts are initiated by someone other than the consumer, his/her legal guardian or someone the CSCR Team does not have permission to work with by the consumer or guardian.

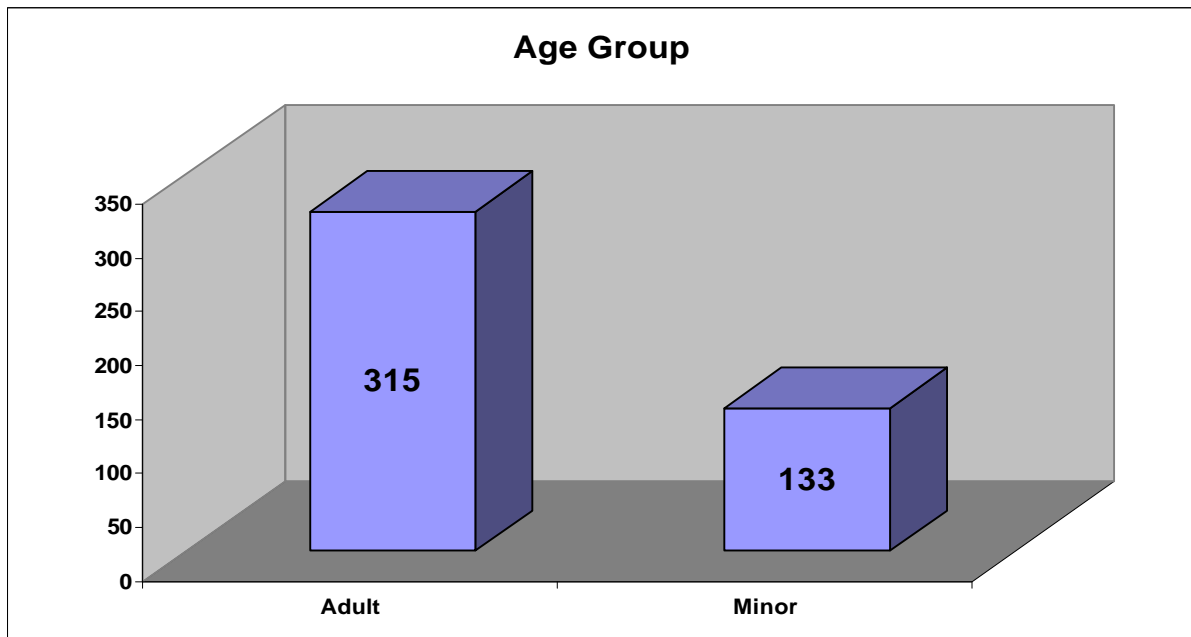
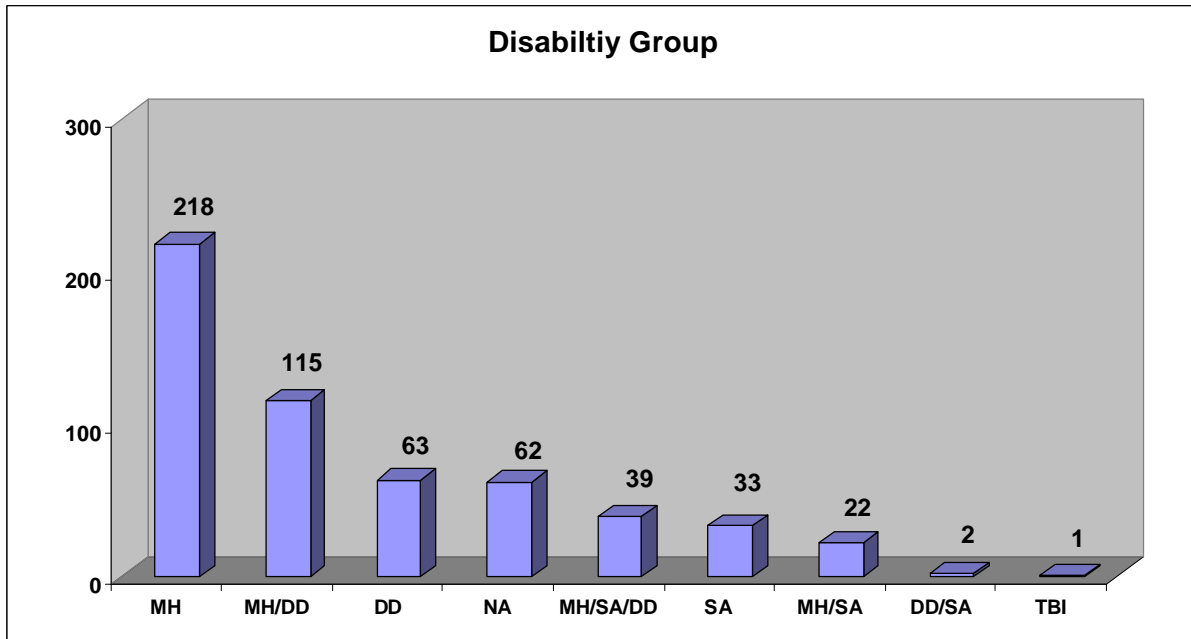
During this quarter, someone close to the consumer (family, friend or guardian) made 44% of the contacts while 15% of the contacts were initiated by the consumers themselves. Often, the original contact may come from a relative or friend and this leads to further contact with the consumer.

Providers accounted for 24% of the cases brought to our attention. Providers contacting the CSCR Team typically do so for technical assistance and information. In this role, the CSCR Team provides the information requested or acts as a liaison between the provider and the DMHDDSAS section(s) that can best be of assistance. The chart below illustrates the different contact sources:



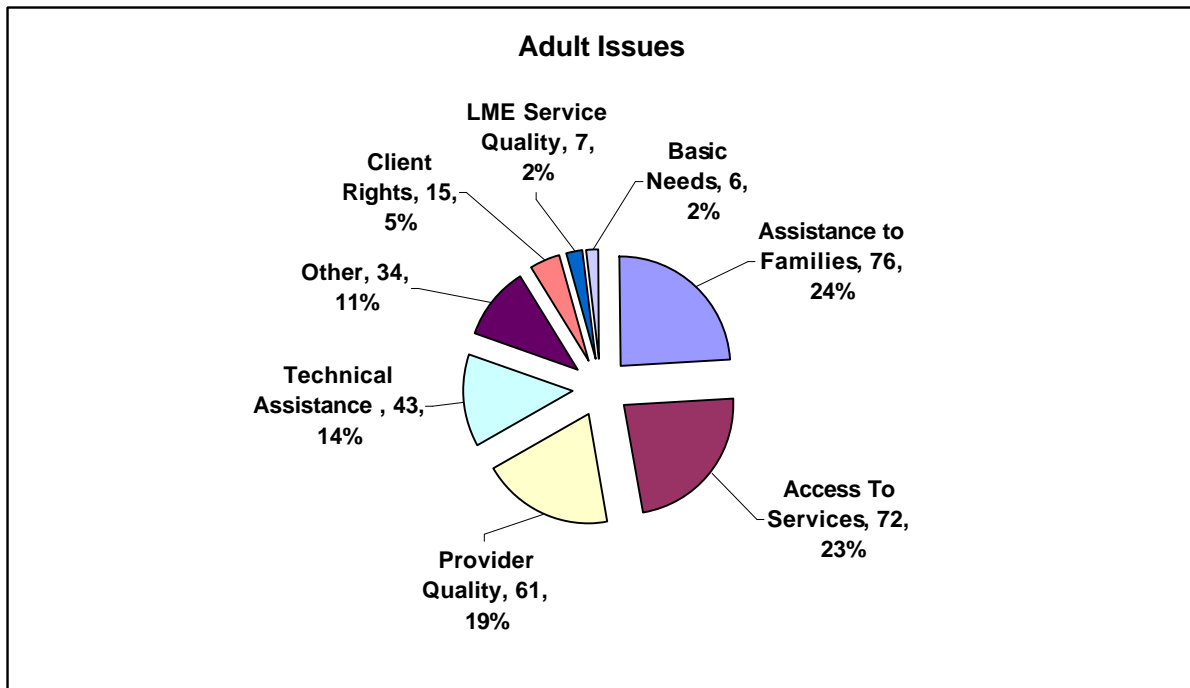
Disability and Age Group

A majority of the contact issues posed to the CSCR Team are associated with a certain disability group. The column NA represents contacts that did not fall into any particular disability group. These contacts are usually outside the DMHDDSAS system. In such cases, the CSCR Team attempts to assist by linking people to the agency or resource needed. As can be noted on the graph, a majority of the contacts relate to the Mental Health (MH) disability group with the combined Mental Health/Developmental Disability group a very close second. Also, most contacts during this quarter involved adult consumers.



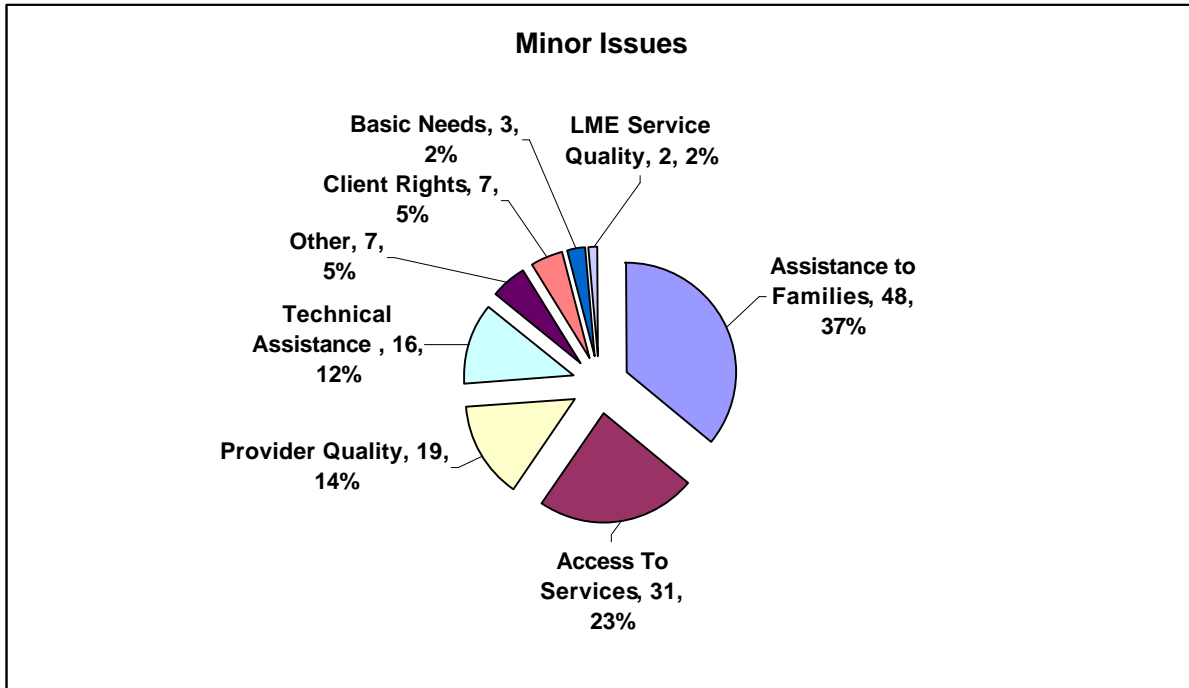
Adult Issues

A majority of the contacts to the CSCR Team in the Second Quarter (344 of 546) and this, the Third Quarter, (315 of 555) pertained to adult consumers. Twenty-four percent of the contacts involved assisting family members, 23% were about access to services and 19% pertained to provider quality. Over half of the contacts regarding adults fell into these three issues. This may reflect a need for more attention to system issues facing adult consumers and their families in North Carolina. Also, of the 91 contacts related to Provider Quality for children and adults reported to the team, 61 or 67% involved adults' services. The following chart illustrates adult service issues posed to the CSCR Team:



Minor Issues

The issues reported for contacts regarding minors were much the same as for adults. Assistance to families, access to services and provider quality accounted for over half of the 113 contacts for children and adolescents in this quarter.



Funding Source

The CSCR Team tracks the funding source associated with each contact. Our office is charged with ensuring rights protections of consumers in publicly funded MH/DD/SA services. As can be seen in the chart below, a large percentage of the contacts (72 percent) were associated with regular Medicaid funds while state funded services accounted for 12% and the CAP Medicaid Waiver services accounted for 9%.

